| PATENT APPLICATE | 100 GEE DETERM Office January 1, 2 | | ORD | 10/10 | 1/ | 3/// ocat | 7 |
|--|---------------------------------------|--------------------------------|---------------------|------------------------|---------|---------------------|--|
| | AS FILED - PART. (Column 1) | (Column 2) | SMALL TYPE | 5 | OR | OTHER | THAN ENTITY |
| TOTAL CLAIMS | 19 | | RATE | PEE | 7 | RATE | FEE |
| ROR . | NUMBER FILED | NUMBER EXTRA | BASIC FE | ₹ 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | 19 minus 20= | * | X\$ 9= | | OR | X\$18= | |
| MOEPENDENT CLAIMS | 2 minus 3 = | * | X42= | - | | X84≠ ` | |
| MAILTIPLE DEPENDENT CLAIM | PRESENT | | | - | OR | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | +140= | | OR | +280≃ | |
| • | AMENDED - PAR | | TOTAL | | OR | TOTAL | 750 |
| |) (Golpr | | SMALL | ENTITY | OR | OTHER SMALL | |
| GLAIMS REMAINING | HIGH NUMI PREVIO | EST BEA PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AFTER AMENDMEN Total Independent * | Minus ** | 0 = / | X\$ 9= | ,,,,, | OR | X\$18= | |
| FIRST PRESENTATION OF | Minus *** | 5 = / | X42= | | OR | X84= | |
| | WOLL GE OUT ENDENT | CLAIM | +140= | ū. | OR | +280= | |
| | | | TOTAL ADDIT: FEE | | OB. | TOTAL ADDIT. FEE | |
| (Column 1) CLAIMS | (Colum | | | | | | |
| REMAINING AFTER | NUME | BER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | TION TO SERVICE TO SER |
| AMENDMENT AMENDMENT | Minus | 5 | x\$ 9≐ | | OR | X\$18= | |
| independent. | Minus *** | = | X42= | | | X84= | |
| FIRST PRESENTATION OF M | MULTIPLE DEPENDENT | CLAIM | | | OR | 7042 | |
| | | | +140= | | OR | +280= | |
| (Column 1) | (Colum | n 2) (Cglumn 3) | ADDIT. FEE | | OR A | TOTAL ADDIT. FEE | |
| CLAMS REMAINING AFTER AMENDMENT Total Independent | HIGHE NUMB PREVIOL PAID F | ST ER PRESENT JSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | Minus | = | X\$ 9= | | OR | X\$18= | |
| Independent . | Minus | ∓ | X42= | | - + | X84= | |
| FIRST PRESENTATION OF M | IULTIPLE DEPENDENT | CLAM . | | | OR L | | |
| If the entry in column 1 is less than | he entry in column 2. write " | O" in column 3." | +140≃ | | DA | +280 = | |
| If the Highest Number Previously F | 'aid For" IN THIS SPACE is I | ess than 20, enter 20." | TOTAL ADDIT, FEE | المراجعة والمراجعة | | TOTAL | |
| The Highest Number Previously Pa | id For (Total or Independen | I) is the highest dember | found in the app | ropiale box i | u colai | mn 1. | |

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